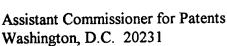


PATENT APPLICATION

Docket No. <u>15-140</u>
WATTS, HOFFMANN, FISHER & HEINKE CO., L.P.A.
PO Box 99839

Cleveland, Ohio 44199-0839



NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the PATENT APPLICATION of:
Inventor(s): Carol Corpus
For (Title): Multi-Layer Surface Covering
This new application is for a(n): X Original Design Divisional Continuation Continuation-in-part (CIP)
Papers enclosed are: 8
Assignment to will follow cover sheet for Assignment accompanying new patent application

CERTIFICATE OF MAILING BY U.S. EXPRESS MAIL

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date June 25, 1999 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EL048398913US addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

Paul A. Serbinowski

Name

www.signature

	Claim For B n fit of Prior US Provisional Application - 35 U.S.C. §119()						
Amend the specification by inserting before the first line the sen							
	The new application being transmitted claims the benefit of prior US provisional application(s):						
	Provisional Application Number Filing Date						
	Relate Back35 U.S.C. 120						
•	The new application being transmitted claims the benefit of prior U.S. application. Amend the Specification by inserting before the first line the sentence: "This is a						
•	continuation continuation-in-part divisional						
of copending application(s)							
	serial number filed on						
	Inventorship Statement						
	The inventorship for all claims in this application is the same.						
).	Maintenance of Copendency of Prior Application						
	A petition, fee and response extends the term in the pending prior application until						
	A copy of the petition filed in prior application is attached.						
	Abandonment of Prior Application (if applicable)						
	Please abandon the prior application at a time while the prior application is pending or when the petition for extension of time of to revive in that application is granted and when this application is granted a filing date so as to make this application copending with said prior application.						

	Number	filed	CLA! Number Extra	MS AS FILED Rate	Basic Fee \$380.00			
Total Claims	39 _	-20=	= 19	x \$9.00-SE	171.00			
Indeper Claims		- 3=	2	x \$39.00=	78.00			
Multiple		···						
Depend	<u>dent Clai</u>	m(s), if a	any	=				
7	Total Fili	ng Fee (Calculation		\$ 629.00 Sm. Ent.			
-	Desig	n Applic	ation Filing Fee	Calculation	\$			
-	Fee fo	r Recor	ding Assignmer	nt (\$40)	\$_			
Enclosed is a check in the amount of \$								
Charge Deposit Account No. 23-0630 in the amount of \$								
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No 23-0630. (signature)								
	Paul A. Serbinowski							
(name) Reg No. <u>34,429</u>								
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